

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>07-FEB-2015</b>		TIME <b>14:36:00</b>		2. ADDRESS OF OCCURRENCE <b>310 W 115TH ST CHICAGO, IL 60628</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0522</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>	8. LAST NAME <b>MATHEOS</b>	7. FIRST NAME <b>HARRY M</b>		8. STAR NO. <b>18599</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE <b>602</b>	12. HT. <b>203</b>	
	14. DATE OF APPT. <b>05-JUN-1995</b>		15. EMPLOYEE NO. <b>312</b>		16. UNIT & BEAT OF ASSIGNMENT <b>6724E</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>GOLATTE</b>		21. FIRST NAME <b>ANTWON</b>		22. M.I. <b>BLK</b>		23. D.O.B. <b>510</b>	
SUBJECT INFORMATION	24. RACE <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. HT. <b>190</b>		26. WT. <b>510</b>		27. V.T. <b>190</b>		28. HT. <b>510</b>	
	29. ADDRESS <b>CHRIST</b>		30. TELEPHONE NO. <b>DR.</b>		31. WAS SUBJECT ARMED/VEHICLE - ATTEMPTED TO STRIKE, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	34. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>		35. BY WHOM? <b>DR.</b>		36. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		37. CB NO. <b>19058073</b>		38. IR NO. <b>DNA</b>	
39. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>										
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER VEHICLE _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER VEHICLE _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER VEHICLE _____	
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCLIFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER MOVEMENT TO AVOID AG <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER DISCHARGE FIREARM _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION					
	POSITION		STAR NO.		UNIT					
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>			
45. MAKE/MANUFACTURER SIG Sauer L.G.S.WIES INDUSTRIAL GESELLSCHAFT - SZ-		46. MODEL <b>P220</b>		47. BARREL LENGTH <b>4.4</b>		48. CALIBER/GAUGE <b>45 CAL</b>				
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>G367126</b>		51. CHICAGO GUN REG. NO. <b>636395</b>		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>2</b>		
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT, SIDE (WAIST) <input type="checkbox"/> 02 LT, SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
64. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>MOVEMENT</b>				
68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		70. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		71. CASE INFO.				
72. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. <input checked="" type="checkbox"/>		73. REPORTING MEMBER (Print Name) <b>MATHEOS, HARRY M</b> <b>07-FEB-2015 21:00:24</b>		STAR/EMPLOYEE NO. <b>18599</b>		SIGNATURE		
74. REVIEWING SUPERVISOR (Print Name) <b>NELSON-JONES, NEDRA L</b>		STAR NO. <b>2389</b>		SIGNATURE		DATE REVIEWED <b>07-FEB-2015 21:12:07</b>		TIME		

100 # 1073693

Attachment # 23

SUBJECT  
INFORMATION

36 CHARGES PLACED

720 ILCS 550.0/5.2-D, 720 ILCS 550.0/5.2-D, 720 ILCS 5.0/21-1.01-A-1, 720 ILCS  
5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-  
B-4, 720 ILCS 550.0/4-C

☐ DNA

LOG # 1073693  
Attachment # 23

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject at Christ in surgery.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon information available at the time of this report it is the preliminary determination of the undersigned that Officer Matheos fired his weapon in compliance with Department policy. Officer Matheos fired his weapon in fear of his life and the lives of his partners when the offender drove his vehicle in reverse nearly striking Officer Whigham, and then put the vehicle in drive and drove towards Offices Matheos, Gasta, and Dercola.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073693 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

07-FEB-2015 21:32:23

79. TOTAL TRR's THIS EVENT No.

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LOG # 1073693

Attachment # 23